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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

NORFOLK EDUCATION COMMITTEE

Annual Report

of the

SCHOOL MEDICAL OFFICER
FOR 1949

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PREFACE.

During the year there has been an increase in the amount of work carried out through the school health service in Norfolk and some expansion in certain fields.

In the year under review, 18,005 school children were examined at routine medical inspections. This is 1,901 less than the number for the previous year but is offset by the fact that 3,600 more children with defects were re-examined. Of the 18,005 pupils examined, 17.02% were found to have defects requiring treatment as compared with 20.85% in 1948. Defects of eyes ears, nose and throat and orthopædic defects accounted for approximately 75% of all the defects found. This is the same ratio as for 1948. There is an apparent improvement in the general physical condition of school children as compared with the previous year. This is most marked amongst children 14 years and over, those rated as of "good" nutrition having risen to 41.83% compared with 29.67% in 1948. 58.8% of the school children in Norfolk have school dinners as compared with 52.5% in 1948. This is a welcome increase.

There has been a significant increase in the amount of extra nourishment items advised for children by assistant school medical officers during the year, particularly of cod liver oil and malt preparations with and without iron. This, together with the increased issue of more specific vitamin preparations, suggests that inspecting medical officers are of the opinion that more children are in need of vitamin supplements than formerly.

The number of children seen by the heart specialist was almost the same as in 1948.

During the year, over 1,000 more attendances were made by school children at speech therapy clinics and 60 pupils were discharged as cured of their speech defects as compared with 30 in 1948.

532 handicapped pupils were ascertained during 1949. Of these 47.2 per cent. were in the educationally subnormal category. The problem of providing residential facilities for the education of these children, especially of the latter category, is one which presses particularly hard.

The number of school children on the orthopædic register increased by 402 to a total of 3,467 during the year. There is no increase in serious orthopædic defects but more postural defects of feet, ankles and spines are being referred for treatment from school inspections and child welfare clinics.

The state of the school dental service is reviewed elsewhere by the senior dental officer; and I would like to draw special attention to the very disturbing implications of his report, particularly regarding the imminent breakdown of a service to which children are especially entitled. Any situation which involves child neglect must be regarded with grave concern, especially when it arises from an official source, and therefore every effort must be made to revive this most important service.

The school nurses carried out 332,075 hygiene inspections during the year. 2.1 per cent. of the children inspected were found to be verminous, a slight reduction over the previous year. Disinfestation has been greatly facilitated in recent years by the use of modern D.D.T. insecticide preparations.

In the work of child guidance there has been a notable increase. More than double the number of cases have been seen as compared with 1948. There is clearly a great need for the child guidance clinics and this work is likely to expand still more. There is often a background of maladjustment in the homes of the children concerned so that "parent guidance" is a necessary adjunct to the main theme of the work. Children in need of residential care for psychological maladjustment are admitted to the Committee's hostel at Colne Cottage, Cromer. At the end of the year there were 10 boys and 4 girls under treatment there.

11 more minor ailments clinics were opened throughout the county in 1949 and 1,292 more cases were treated during the year.

In conclusion, I have pleasure in recording my continued appreciation of the assistance I have received from the Chief Education Officer, head teachers and the professional and clerical staff of this department.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road,
Norwich.
July, 1950.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1949

School Medical Officer:

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

Deputy School Medical Officer:

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H.

Senior Assistant School Medical Officer:

C. S. THOMSON, M.B., B.Ch., B.A.O., D.P.H. (from 28th February to 3rd October)

Assistant School Medical Officers:

* C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

* IRENE B. M. GREEN, M.D., B.S., D.P.H.

* A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M. & H. (from 28th February)

* J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H. (from 15th February)

VIOLET M. JEWSON, M.A., M.B., Ch.B.

* J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S. (temporary part-time from 8th December)

C. MARGARET McLEOD, M.B., Ch.B. (part-time)

* J. H. F. NORBURY, M.B., B.S., D.P.H. (from 11th April)

* C. O'DONOVAN, M.B., B.Ch., B.A.O., D.P.H., (from 1st February)

* C. W. ORR, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

MARGARET PARKER, M.B., Ch.B., D.P.H. (temporary part-time to 31st March)

* W. S. PARKER, M.B., Ch.B., D.P.H., D.I.H. (to 30th April)

* W. W. SINCLAIR, M.B., Ch.B., D.P.H. (to 31st December)

* C. S. THOMSON, M.B., B.Ch., B.A.O., D.P.H. (to 27th February)

G. G. WELLS, M.B., Ch.B. (temporary) (full-time to 31st August, part-time from 1st September to 1st December)

* Also assistant county medical officer and district medical officer of health.

Orthopaedic Surgeon (part-time):

H. A. BRITTAIN, O.B.E., M.A., M.B., M.Ch., F.R.C.S.

Consulting Aural Surgeons (part-time):

N. S. CARRUTHERS, F.R.C.S.E., D.L.O.

R. A. HIGHMOOR, M.A., M.B., B.Chir., F.R.C.S.E., D.L.O.

J. LEWIN, M.B., B.S., F.R.C.S.

Consulting Ophthalmic Surgeons (part-time):

P. H. BEATTIE, M.D., Ch.B., D.O.M.S.

J. W. E. CORY, M.A., M.D., B.Chir.,

R. H. HUCKNALL, M.B., Ch.B., F.R.C.S.E., D.O.M.S.

G. MAXTED, M.D., B.S., F.R.C.S.

W. E. RUTLEDGE, L.R.C.P.I., L.R.C.S.I., L.M., D.O.M.S.

C. SKELTON SMALLEY, M.C., M.R.C.S., L.R.C.P., D.O.M.S.

DOROTHY K. SOUPER, M.A., M.B., B.Chir., D.O.M.S.

Consulting Heart Specialist (part-time):

W. A. OLIVER, M.B.E., M.D., M.R.C.P.

Senior Dental Officer:

P. MILLICAN, L.D.S. R.C.S. (Eng.)

Dental Officers:

I. F. BURNS, L.D.S., R.C.S. (Edin.)

J. NIXON, L.D.S., R.C.S. (Edin.)

DORIS J. CHRISTIE (Mrs), L.D.S.

E. C. PACKHAM, L.D.S., R.C.S. (Eng.)

(U.St.And.) (to 28th February)

F. W. WALMSLEY, L.D.S., R.C.S. (Edin.)

SADIE S. HOW, L.D.S., R.C.S. (Eng.)

C. R. WOLFENDALE, L.D.S., R.C.S. (Eng.)

Orthopædic Physiotherapists.

Mrs. M. P. BAKER, C.S.P., O.N.C.

Miss M. C. BOYCE, C.S.P. (from 20th June)

Mrs. F. M. F. KEANE, C.S.P. (to 30th November)

Miss F. W. THOMAS, C.S.P., O.N.C. (to 14th May)

Miss M. H. WYER, C.S.P., O.N.C., M.A.O.T.

Speech Therapists:

Miss DOREEN G. BARBER, L.C.S.T. (part-time) (to 30th September)

Miss A. M. HEMMINGS, L.C.S.T. (from 12th September to 23rd December)

Miss J. RUTT, L.C.S.T.

School Nurses:

Mrs. L. BRADBURY,

S.R.N., S.C.M., H.V.Cert.

Mrs. W. M. PETTS, S.R.N.

Mrs. M. I. QUAYLE, S.R.N.

Mrs. P. D. CHADWICK, R.S.C.N.

Miss C. SHINGLETON, S.R.N.

Mrs. W. A. DUNNELL, S.R.N.

S.C.M., H.V.Cert. (from 26th January)

*Miss L. B. STEEL, S.R.N., S.C.M., H.V.Cert

Miss D. VICKERS, S.R.N.

Miss A. E. HOLDEN, R.S.C.N.

Mrs. O. N. WAINWRIGHT,

Mrs. A. M. KNOTT,

Trained Nurse, Sick Children

Trained Nurse, Sick Children

Mrs. E. WITTRED, S.R.N.

Mrs. F. B. NEVILLE, S.R.N.

* Transferred to health visiting duties only from 26th July.

Dental Attendants:

Mrs. P. B. BATEMAN (to 31st October)

Miss S. PILON (from 1st November)

Mrs. C. E. BLACK (from 12th December)

Miss N. RADFORD

Miss J. BUFFHAM (to 28th February)

Miss B. ST. QUINTIN

Miss P. M. HART (to 28th February)

Mrs. D. M. SMITH

Miss G. M. LYON

Miss I. WEST

Miss J. PHILLIPPO (from 21st March)

ANNUAL REPORT

OF THE SCHOOL MEDICAL OFFICER

for 1949

I. GENERAL STATISTICS.

The County Council is responsible for primary, secondary and further education throughout the administrative county. Certain of the day-to-day functions of the school health service have, subject to the general direction of the Education Committee, been decentralised to the nine local health offices, each being in charge of an assistant county medical officer.

Population (mid-year 1949)	...	...	361,610
Total No. of primary, secondary and nursery schools	...	...	458
Total No. of pupils on registers on 31st Dec., 1949	...	...	46,189
Average attendance year ended 31st March, 1950	...	...	89.3%

	Number of schools.	No. of pupils on registers 31st Dec., 1949.
Primary	424	37,034
Modern secondary	17	6,005
Grammar secondary	11	2,945
Special grammar school courses	3	96
Nursery schools	3	109
	<hr/> 458 <hr/>	<hr/> 46,189 <hr/>

II. STAFF.

On pages 4 and 5 will be found the names of the professional staff whose services were wholly or partly devoted to school health service work.

(a) Assistant County Medical Officers.

Since the annual report for 1948, there have been considerable changes in the medical staff. At the commencement of the year there were two areas without assistant county medical officers and these vacancies were filled by the appointment of Dr. C. O'Donovan for Area No. 1 and Dr. J. Hamilton for Area No. 9. Dr. C. S. Thomson, assistant county medical officer, Area No. 3, commenced duties as senior assistant medical officer on the 28th February, and was succeeded by Dr. A. B. Guild on the same date. Dr. Thomson resigned his appointment as senior assistant medical officer on 3rd October, and Dr. W. W. Sinclair, assistant county medical officer, Area No. 5, was appointed in his place to take up duty on the 1st January, 1950. In Area No. 2, Dr. W. S. Parker resigned his appointment in April, and was replaced by Dr. J. H. F. Norbury.

(b) Assistant Medical Officers.

Dr. Margaret Parker resigned her temporary part-time appointment on 31st March, and Dr. G. G. Wells, who reverted from temporary full-time to temporary part-time employment on 1st September at his own request, resigned on the 1st December. Dr. Rosemarie Lincoln commenced temporary part-time duty on the 8th December.

(c) Consultants.

As from the dates indicated, the undermentioned consultants who had previously been conducting certain clinics on behalf of this authority, entered into contractual arrangements with the Regional Hospital Board, which included these clinics:—

Mr. H. A. Brittain, Consultant Orthopædic Surgeon (5th July, 1948).
Dr. J. W. E. Cory, Consultant Ophthalmic Surgeon (1st January).
Mr. R. H. Hucknall, Consultant Ophthalmic Surgeon (28th November).
Dr. W. A. Oliver, Consultant Heart Specialist (4th August).

(d) Dental Staff.

Mrs. Christie resigned her appointment on the 28th February, and it was not possible to replace her.

3 dental attendants resigned their appointments during the year, and in each case were replaced.

(e) Orthopædic Physiotherapists.

Miss Thomas and Mrs. Keane resigned their appointments on 14th May and 30th November respectively. Miss M. Boyce was appointed in place of Miss Thomas and commenced duties on the 20th June, but no appointment in place of Mrs. Keane had been made by the end of the year.

(f) Speech Therapists.

Miss A. Hemmings was appointed on the 12th September and Miss Barber's temporary part-time appointment ceased on the 30th September. Miss Hemmings resigned her appointment on the 23rd December, and the vacancy has not yet been filled.

(g) School Nurses.

Mrs. W. A. Dunnell was appointed as from 26th January. Miss L. B. Steel was absent for the whole of the year, having been granted leave of absence to attend a health visitors' course. On her return to duty on the 26th July, she was appointed health visitor and did not resume her school nursing duties.

III. MEDICAL INSPECTION.

There has, during the year, been no change with regard to the age groups for periodic medical inspection, and the ages at which these inspections are carried out at schools are as follows:—

Group.	Age When Inspected.	Schools Concerned.
Entrants	Normally 5—6 years.	Primary schools.
Second age group	During the year in which the age of 11 is reached.	Primary schools.
Third age group	During the last year of attendance at (a) Primary or modern secondary school (14+) (b) Secondary grammar school (15+).	Primary and modern secondary schools. Secondary grammar schools.
Other routine inspections	During the year in which (a) the age of 8 is reached (b) the age of 13 is reached.	Primary schools. Secondary grammar schools.

The total number of periodic medical inspections has decreased by 1901 as compared with the corresponding figure for 1948.

In addition to the periodic medical inspection of children of the specified age groups, the head teacher or parent may seek the advice of the assistant medical officer at the medical examination, such pupils being treated as "specials." Any pupil found to have a defect at a previous inspection is re-examined either at the next inspection or at a special re-examination session. Details of those pupils specially examined or re-examined are included in Table I.B. on page 34. It will be seen that 823 children were specially examined and 10,639 were re-examined during the year, an increase of 99 and 3600 respectively over the figure for 1948.

Routine Medical Inspections.			
Group		No. Inspected	
		1948	1949
Entrants ...	...	5,942	5,742
Second age group		5,094	4,082
Third age group ...		2,995	3,299
Other periodic inspections ...		5,875	4,882
TOTAL	...	19,906	18,005

FINDINGS OF MEDICAL INSPECTION.

(The figures refer to periodic inspections unless indicated to the contrary.)

Diseases and Defects (excluding dental and nutritional defects and uncleanness).

At the periodic medical inspections of 18,005 pupils, 3,065 (or 17.02%) were found to have 3,653 defects needing treatment, the comparable percentage figure for 1948 being 20.85%. In addition, 4,879 defects were noted for observation. The following Table shows the distribution in age groups of those children with defects needing treatment, together with the figures for the preceding year.

Further details of the main defects are given in this report under the appropriate headings.

Group	1948			1949		
	No. of Pupils		Percentage	No. of Pupils		Percentage
	In-spected	Found to Require treatment		In-spected	Found to Require treatment	
Entrants	5,942	1,283	21.59	5,742	1,034	17.94
Second age group	5,094	1,011	19.85	4,082	717	17.56
Third age group	2,995	501	16.73	3,299	457	13.86
Other inspections	5,875	1,355	23.06	4,882	857	17.57
TOTAL ...	19,906	4,150	20.85	18,005	3,065	17.02

Defects of the eyes, nose throat and orthopædic defects accounted for approximately 75% of the total defects found at routine medical inspections in need of treatment, the figures being:—

Findings at Routine Medical Inspections.		
	1948.	1949.
Total pupils examined	19,906	18,005
Total no. found to have defects needing treatment ...	4,150	3,065
Total no. of defects (a) needing treatment ...	4,749	3,653
(b) for observation	4,925	4,879

Total defects recommended for treatment		1948.	1949.
		4,749	3,653
Eye defects		1,596 (33.5%)	1,091 (29.9%)
Orthopædic defects		1,133 (23.8%)	1,034 (28.3%)
Defects of nose and throat ...		830 (17.5%)	601 (16.4%)

General Condition.

The following table shows the classification of pupils examined at periodic medical inspections during 1949 as compared with 1948:—

Age Groups.	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants 1949	5742	1788	31.14	3558	61.96	396	6.90
(1948)	(5942)	(1430)	(24.06)	(3887)	(65.42)	(625)	(10.52)
Second age 1949	4082	1413	34.62	2353	57.64	316	7.74
group (1948)	(5094)	(1273)	(24.99)	(3332)	(65.41)	(489)	(9.60)
Third age 1949	3299	1380	41.83	1772	53.71	147	4.46
group (1948)	(2995)	(889)	(29.67)	(1917)	(64.01)	(189)	(6.32)
Other per- 1949	4882	1477	30.25	2891	59.22	514	10.53
iodic in- (1948)	(5875)	(1272)	(21.65)	(4012)	(68.29)	(591)	(10.06)
spections							
TOTAL 1949	18005	6058	33.65	10574	58.73	1373	7.62
(1948)	(19906)	(4864)	(24.43)	(13148)	(66.06)	(1894)	(9.51)

In addition to the noting of the general condition at routine medical inspections, surveys of 15,825 other pupils not having a periodic inspection were carried out and the results showed that 7.1% had a "poor" general condition. The comparable percentage for 1948 was 8.3.

	1948.	1949.
No. of pupils having meals in schools ...	21,659	25,106
No. of pupils having free milk in schools ...	32,097	34,275
<i>Amount of extra nourishment supplied.</i>		
(i) Maltoline and Maltoline and Iron (ozs.) ...	143,880	171,224
(ii) Virol (ozs.) ...	55,712	53,464
(iii) Cod liver oil (ozs.) ...	2,100	1,878
(iv) Parrish's Food (ozs.) ...	3,988	5,790

The Chief Education Officer has supplied the following figures showing the number of pupils who are being supplied with milk and/or school dinners:—

No. of Pupils in Attendance on 12th October, 1949.		Meals			Milk	
		Free	Paid	% of those attending.	1/3rd pint free	% of those attending.
Primary ...	34,222	1,078	17,526	54.35	29,488	86.13
Modern secondary & Secondary grammar	8,361	416	5,995	76.67	4,696	56.16
Nursery ...	91	—	91	100.00	91	100.00
Totals	42,674	1,494	23,612	58.8	34,275	80.3

Distribution of extra nourishment to certain school children continued during the year. It will be noted by comparing the figures for the preceding year that there has been a considerable increase in the issue of certain foods, especially of Maltoline and Iron.

Preparation	Amount Issued	
	1948	1949
Cod liver oil (ozs.) ...	2,100	1,878
Glucodin (16 oz. tins) ...	102	86
Maltoline (10 oz. jars) ...	8,743	11,356*
Maltoline and Iron (10 oz. jars) ...	5,645	10,047*
Parrish's Food (ozs.) ...	3,988	5,790
Virol (8 oz. cartons) ...	6,964	6,683
Vitamin A and D capsules (packets of 14) ...	618	729
Halibut liver oil (5 cc. phials) ...	—	103
Bemax (3½ oz. packets) ...	—	95
Vitamin C tablets (bottles of 50) ...	—	19

* 8 oz. jars.

CLEANLINESS.

School nurses carry out a cleanliness inspection of all children attending schools in their area at least once a term and during 1949, 332,075 examinations were carried out involving 4,254 visits to schools. The number of individual children found to be verminous at these inspections was 946, representing 2.1% of the school population inspected. This was an improvement over the corresponding figure for 1948 which was 2.9%.

In order to prevent the spread of infestation, any children found to be suffering from verminous heads or having numerous nits in their hair are excluded from school until they are clean. In addition, the Education Act provides the machinery for prosecuting persistent offenders but it was not found necessary during the year to institute any proceedings.

School nurses follow up all cases where treatment for cleanliness is required and find that in many cases one or two applications of a hair lotion containing D.D.T. clean up the condition. The children are either treated by the nurse at home or at the clinic, and in some instances a small supply of the lotion is left with the parents.

FOLLOWING-UP.

School nurses attend the last session of periodic medical inspections and take note of any children with defects so that they may follow up the cases by visits to the parents in order to encourage and, if necessary, assist them in obtaining the proper attention for their children.

IV. TREATMENT OF DEFECTS.

With regard to treatment generally, since the last annual report certain of the services formerly provided by the Committee have been taken over by the Regional Hospital Board as part of the duties imposed upon it by the National Health Service Act, 1946. These changes are indicated under the appropriate sub-headings.

Table II in the statistical summary at the end of this report shows details of defects found at periodic and special inspections whilst Table III deals with defects treated under the Committee's scheme. A complete list of all types of clinics will be found on pages 30-33.

MINOR AILMENTS.

The names and frequency of holding the twenty-two minor ailments clinics are included in the list of clinics. During the year, eleven additional clinics were opened at:—

Diss, Downham Market, Hellesdon, Litcham, Sheringham,
Sprowston, Stalham, Thetford, Thorpe, Upwell, Watton.

In addition to attendance at these clinics, where specially requested, school nurses treat minor ailments at the schools or in the homes, details of the treatment being included in the following table. The number of attendances during 1949 at the minor ailments clinics was 10,869.

Minor ailment, disease or defect	Individual cases dealt with	
	At clinics	At schools and at homes
SKIN.		
Ringworm—scalp ...	10	21
Ringworm—body ...	26	58
Scabies ...	23	70
Impetigo ...	135	329
Other skin diseases ...	546	384
EYE DISEASE.		
(External and other, but excluding errors of re- fraction, squint and cases admitted to hospital) ...	269	267
EAR DEFECTS ...	116	82
MISCELLANEOUS.		
(e.g. minor injuries, bruises, sores, chilblains, etc.) ...	3,849	1,760
TOTALS ...	4,974	2,971
	7,945	

DEFECTIVE VISION.

The following table gives the number of children who at medical inspection were either recommended for treatment or placed under observation on account of defective vision, squint or other eye defects, the percentage figure of those examined being 29.9% as compared with 33.5% for 1948.

Defect	Number recommended for treatment	Number placed under observation
Defective vision ...	890	356
Squint ...	139	67
Other defects of the eyes ...	62	62
TOTALS ...	1,091	485

During the year, ophthalmic surgeons examined 1,444 children of whom 1,149 were found to require glasses to correct their vision. The remaining pupils examined were either wearing glasses which were satisfactory, or were not in need of correction. The corresponding figures for 1948 were 1,583 examinations by assistant medical officers and ophthalmic surgeons and 1,109 prescriptions for glasses. The arrangements for the ophthalmic work by specialists during 1949 passed through two phases:

Firstly, the interim arrangements outlined by the Ministry of Education in Circular 303 whereby the Education Committee continued to employ eye specialists on a sessional basis and claimed from the Executive Council a per capita fee for every child examined.

Secondly, the permanent arrangements with the Regional Hospital Board which are gradually replacing these interim arrangements. The Regional Hospital Board is contracting with certain of the eye specialists to see school children at hospitals instead of their private consulting rooms. The first permanent arrangement came into effect on the 1st January, when children formerly seen by Dr. Cory privately were referred to the West Suffolk and Bury St. Edmund's Hospital. The next hospital to establish an eye clinic was the West Norfolk and King's Lynn Hospital on the 28th November.

With regard to the supply of spectacles, there has been delay in most cases of between three and six months and in one or two cases from ten to twelve months. Where it is considered that the health of a child will suffer if glasses are not provided, the Executive Council is asked to give priority.

ORTHOPTIC TREATMENT.

The full-time orthoptist who was appointed by the Hospital Management Committee at the Norfolk and Norwich Hospital and commenced duty on the 1st February, held clinics at the hospital during the year. School children recommended by the eye specialists attend this clinic to receive orthoptic training.

DEFECTS OF EAR, NOSE AND THROAT.

Reference to Table IIA on page 35 will show that at periodic medical inspections there were 601 defects of the nose and throat considered as needing treatment and 1,266 recommended to be placed under observation. These defects account for about 16% of the total defects found at routine medical inspection needing treatment.

In May, the arrangements which had been in existence for many years whereby general practitioners carried out operations for the removal of tonsils and adenoids at their surgery, the patient's home, nursing home or hospital, were terminated and all new cases were recommended for treatment at one of the following hospitals. In most cases the hospitals require the children to attend the out-patient department for examination by one of the ear, nose and throat surgeons to decide whether operative treatment is necessary.

Jenny Lind Hospital, Norwich.

Norfolk and Norwich Hospital, Norwich.

Great Yarmouth General Hospital, Great Yarmouth.

West Norfolk and King's Lynn General Hospital, King's Lynn.

North Cambridgeshire Hospital, Wisbech.

Addenbrooke's Hospital, Cambridge.

Cromer and District Hospital, Cromer.

North Walsham and District War Memorial Hospital, North Walsham.

The number of cases referred to these hospitals and to general practitioners was:—

				1948.	1949.
Hospitals	...	...	...	569	429
General practitioners	...	...	...	108	19
				<hr/> 677	<hr/> 448

As financial responsibility for this treatment is now a matter for the respective Hospital Management Committees it is not possible to say with any accuracy the number of children who actually received operative treatment during the year.

Pupils suffering from other defects of the nose and throat are recommended for examination by one of the aural surgeons, either at a hospital or at their private consulting rooms.

SKIN DISEASES.

At periodic medical inspections, 63 defects of the skin were found needing treatment and 122 required to be kept under observation. Children suffering from skin diseases needing specialist opinion are sent by assistant county medical officers to the skin specialist at one of the hospitals. In 1949, 17 children received X-ray treatment for ringworm, 16 at Addenbrooke's Hospital, Cambridge, and one at a London hospital. The Regional Hospital Board was approached during the year to provide more convenient facilities for Norfolk children and treatment will be available at the Norfolk and Norwich Hospital early in 1950.

Treatment (excluding Dental and Orthopædic)	
No. of attendances at minor ailments clinics	... 10,869
No. of examinations by ophthalmic surgeons	... 1,444
No. of spectacles prescribed	1,149
No. of cases referred for operative treatment for tonsils and adenoids	... 448
No. of X-ray treatments for ringworm	... ... 17

Dr. J. Hamilton, assistant school medical officer, Area No. 9 (King's Lynn M.B. and Freebridge Lynn R.D.), reports as follows:—

“SKIN.

- (i) *Verminous conditions of head and body.*
On the whole, the position is very satisfactory, verminous conditions having been limited to a small number of “repeated offender” families.
- (ii) *Ringworm of scalp.*
The number of cases seen has been the lowest for some ten years.
- (iii) *Ringworm of body.*
Very few cases, much less than previous years.
- (iv) *Impetigo.*
Very few cases.
- (v) *Scabies.*
Very few cases.
- (vi) *Boils.*
A marked increase in the number of cases.”

MASS MINIATURE RADIOGRAPHY.

During the year, the East Anglian Regional Hospital Board offered to examine by the mass miniature radiography unit, children attending certain schools easily accessible to Norwich. 534 boys, 526 girls and 26 teachers availed themselves of this valuable examination.

TUBERCULOSIS.

In cases where the assistant school medical officer required a second opinion by one of the chest physicians, arrangements were made for the child to be referred.

EAR DISEASE AND DEFECTIVE HEARING.

During the year, at periodic medical inspections the numbers of children shown below were either recommended for treatment or for observation on account of defective hearing, otitis media or other defects of the ears:—

Defect			Number recommended for treatment	Number placed under observation
Defective hearing	...	...	49	59
Otitis media	...	...	47	77
Other defects	...	...	16	33
TOTALS			112	169

If assistant medical officers require further advice, pupils are referred to an aural surgeon at the out-patient department of one of the hospitals.

ORTHOPÆDIC DEFECTS.

The following number of children examined at periodic medical inspections were either recommended for treatment or placed under observation for orthopædic defects:—

Defect			Number recommended for treatment	Number placed under observation
Posture	...	...	155	76
Flat feet	...	...	228	82
Other orthopædic defects	...	...	651	320
TOTALS			1,034	478

The number of children recommended for treatment is approximately 28% of the total defects found at periodic medical inspections.

Details of the treatment of these defects are given on pages 25-27.

V. DENTAL TREATMENT.

The senior dental officer reports as follows:—

The report for 1949 is even more gloomy than that for 1948. In view of the absurd state of affairs which is causing the school dental service rapidly to disintegrate, any discussion of the annual dental statistics published herewith is of minor consequence in view of the fact that if disintegration is allowed to proceed, there will shortly be no annual dental statistics to discuss.

Therefore, the one object of this report is strongly to advise that some reasonable and immediate attempt be made to restore a service, the lack of which will sooner or later cause a public outcry.

The facts which the public should know are:—

- (i) All children attending schools under the authority must be dentally inspected by the authority's officers.
- (ii) Conversely, it is the duty of the authority to provide for these inspections on school premises.
- (iii) It is also the authority's legal obligation to see that necessary and complete dental treatment is provided.

Since the last report, this authority has actually lost the services of one dental officer as from the 1st March, 1949, and a second dental officer tendered his resignation on the 10th December, 1949. Incidentally, at the time of preparation of this report (March, 1950) a third dental officer has resigned. This means that the dental staff will be reduced to one-third of its authorised establishment. In consequence, the authority's dental service for the whole of South and West Norfolk (involving more than 24,000 children) will collapse unless the vacancies on the professional staff are promptly filled. The cause of this most undignified situation is the disparity now existing between the earnings of private practice and the salaries of public service, a disparity which can be rectified by one of two obvious methods.

It is most regrettable that this disheartening situation should have arisen at a time when the school dental service of this county has never before been so appreciated by the public. This is indicated by the fact that, of the children found to require dental treatment, 79.5% actually received it in the authority's dental surgeries.

The following table gives statistics relating to dental inspection and treatment carried out during the past three years:—

	Year 1947.	Year 1948.	Year 1949.
1. Number of children inspected by dental officers:—			
(a) Periodic age groups ...	18,567	25,242	20,580
(b) Specials ...	329	571	739
(c) Total (Routine and Specials)	18,896	25,813	21,319
2. Number found to require treatment ...	11,271	16,440	13,047
3. Number actually treated ...	7,748	12,184	10,376
4. Attendances made by pupils for treatment ...	9,841	16,498	13,995
5. Half days devoted to:—			
Inspection ...	382	488	434
Treatment ...	1,514	2,299	1,998
Totals ...	1,896	2,787	2,432
6. Fillings—Permanent teeth ...	4,348	6,937	5,378
Temporary teeth ...	196	579	220
Totals ...	4,544	7,516	5,598
7. Extractions—Permanent teeth ...	761	1,777	1,512
Temporary teeth ...	9,317	13,170	13,155
Totals ...	10,078	14,947	14,667
8. Administrations of general anæsthetics for extractions ...	370	873	919
9. Other operations ...	9482	18,103	6,887

There were 22 dental clinics operating on the 31st December. Details of these are included in the complete list of clinics shown on pages 30-33.

VI. HANDICAPPED PUPILS.

The ascertainment of handicapped pupils, in accordance with Section 34 of the Education Act, 1944, was continued as in the previous year. The majority of cases needing ascertainment were discovered at medical inspections but cases were also brought to notice by general practitioners, head teachers, health visitors and parents. It is the duty of the Local Education Authority on receiving such intimation to arrange for the child to be medically examined and the cause of the particular handicap ascertained. The categories of handicapped pupils as defined by the Ministry of Education are shown in the tables on pages 17 and 18. Most of these special examinations of school children are carried out in the schools but on occasions the child is seen at home since he or she may not be able to attend an ordinary school. A large proportion of handicapped pupils who require special educational treatment are recommended for admission to residential or special schools but it is to be regretted that in some categories the inadequacy of residential accommodation throughout the country still remains. One of the results of the shortage of special school accommodation is that many such children have to remain in the ordinary schools where they receive sympathetic consideration from the teaching staff but this does not, of course, compensate for the better facilities available at special schools. With the exception of the hostel for maladjusted children at Cromer, there was on the 31st December, no residential accommodation for handicapped pupils provided by the authority although it is hoped that with the opening of the residential special school for educationally subnormal children at Sidestrand Hall some time in 1950, the problem so far as this group of handicapped pupils is concerned will be alleviated considerably.

In spite of the lack of special school accommodation, the ascertainment of handicapped pupils was continued and it will be seen from the table below that 532 children were ascertained during the year.

				1948.	1949.
Blind	...	...	...	—	1
Partially sighted	...	...	...	9	3
Deaf	...	...	...	5	4
Partially deaf	...	...	...	4	4
Delicate	...	...	...	69	21
Diabetic	...	...	...	—	1
Educationally subnormal	...	...	...	239	251
Epileptic	...	...	...	4	8
Maladjusted	...	...	...	4	7
Physically handicapped	...	...	...	15	24
Defective speech	...	...	...	133	176
Multiple defects	...	...	...	30	32
				—	—
Total	...	...	...	512	532
				—	—

SPECIAL SCHOOLS.

As mentioned in the preceding paragraph, there were, on the 31st December, no residential special schools maintained by the Committee although Colne Cottage Hostel for maladjusted pupils was opened in September, the accommodation being for 16 boys and 8 girls. Children admitted were those who had been specially examined by Dr. J. V. Morris, the consultant psychiatrist, and ascertained as maladjusted by Dr. W. R. Clayton Heslop, deputy school medical officer. Children resident in the hostel attend the local schools. With regard to other categories, 52 of the 57 deaf, partially deaf, blind and partially sighted children shown in the following table as being resident in special schools were in the East Anglian School for Blind and Deaf Children at Gorleston-on-Sea. As stated in the 1948 annual report, Melton Lodge, Great Yarmouth, was taken over by the Regional Hospital Board from 5th July, 1948, the Great Yarmouth Local Education Authority being responsible for the education of the children. At the end of the year there were 10 Norfolk children resident there.

Although the Holt Children's Sanatorium was also transferred to the Regional Hospital Board in 1948, the Norfolk Education Committee is responsible for special education and on the 31st December, 11 Norfolk children were resident.

Work is still proceeding on Sidestrand Hall and it is hoped to have it available for educationally subnormal pupils in the autumn of 1950.

The total number of handicapped pupils on the registers as on the 31st December, and the disposition in the categories is shown in the table below. The comparable total figure for 1948 is given.

Categories.	In Res. or Day Spec. Schools.		In Maintained Schools.		In Inde- pendent Schools.		Not at School.		Totals.		1949 Grand Totals	1948 Grand Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ...	2	2	—	1	—	—	—	—	2	3	5	6
Partially sighted ...	3	4	5	6	—	—	—	1	8	11	19	20
Deaf ...	12	18	3	1	—	—	2	2	17	21	38	36
Partially deaf ...	5	5	3	7	—	—	—	—	8	12	20	22
Delicate ...	6	2	52	46	—	—	2	1	60	49	109	137
Diabetic ...	1	1	1	—	—	—	—	—	2	1	3	3
E.S.N. ...	6	3	455	176	2	1	4	3	467	183	650	500
Epileptic ...	2	5	5	2	—	—	2	1	9	8	17	13
Maladjusted	3	3	14	6	2	—	—	—	19	9	28	26
Physically handicapped	9	5	28	18	—	1	9	8	46	32	78	71
Speech ...	—	—	205	88	1	1	9	3	215	92	307	217
Multiple defects ...	15	6	46	23	—	—	4	8	65	37	102	70
Total ...	64	54	817	374	5	3	32	27	918	458	1376	1121

SPECIAL EDUCATIONAL TREATMENT IN ORDINARY SCHOOLS.

In the absence of day or residential special schools, many handicapped pupils are given special educational treatment in the ordinary school. For instance, partially sighted children, where recommended by the ophthalmic surgeon, are provided with special desks placed near the front of the class. In other catergories of handicapped pupils, every allowance is made with regard to regularity of attendance and restriction of activities.

CHILD GUIDANCE CLINICS.

The existing arrangements whereby child guidance clinics are conducted jointly by Dr. W. R. Clayton Helsop and Dr. J. V. Morris were continued during the year. The number of clinics held both at Norwich and King's Lynn has substantially increased and by the end of the year, clinics were being held weekly at Norwich and at least monthly at King's Lynn. In addition, special sessions were arranged at one of the children's homes (Shiels Court, Brundall) and domiciliary visits paid where necessary. It was noticeable during the year that more cases were being referred by family doctors and by the assistant school medical officers following school medical inspections.

Handicapped Pupils.		
	1948.	1949.
No. ascertained during the year ...	512	532
No. in special Schools ...	111	118
No. on register 31st December ...	1,121	1,376
No. of attendances at speech clinics	2,042	3,364
No. discharged from speech clinics as cured	30	60

The following is a summary of the work carried out during the year. Comparable figures for 1948 are given in brackets:—

No. of Clinics held.	No. of examinations carried out.	No. of individual pupils seen.	No. of visits to homes.
38 (15)	132 (49)	118 (45)	6 (36)
No. of cases seen by educational psychologist — 260 (386)			

SPEECH THERAPY.

In September, a further full-time speech therapist commenced duty and the county was then divided into two areas, Miss J. Rutt conducting clinics in the eastern half of the county, whilst Miss A. Hemmings worked in the western half. As already mentioned, Miss Doreen Barber, temporary part-time speech therapist, resigned on the 30th September, and I should like to express my appreciation of the excellent services which she rendered whilst she was in the employment of the Committee.

Following the appointment of Miss Hemmings, it was possible to open a new clinic at Fakenham, hold additional clinics at Norwich, and increase the frequency of some of the others. Unfortunately, however, Miss Hemmings resigned her appointment in December.

A list of the addresses and frequency of speech clinics is included in the list of clinics on pages 30-33. The following figures give an indication of the work carried out at each clinic.

Name of clinic	No. of clinics held during year	Total no. of cases seen	Total attendances during year	No. of children discharged as cured	No. discharged for other reasons	Total under treatment 31.12.49
EAST DEREHAM	39	37	301	6	15	12
FAKENHAM ...	12	12	85	1	1	10
KING'S LYNN (Infant Welfare Centre) ...	88	55	854	11	12	27
KING'S LYNN (Minor Ailments Clinic) ...	42	26	223	2	4	9
THETFORD ...	41	25	424	7	6	11
DOWNHAM ...	37	29	331	4	12	11
HOLT	41	24	286	8	4	10
NORWICH. Y.M.C.A., St. Giles Street	44	31	259	5	10	7
NORWICH. 31, Thorpe Road	45	35	293	5	5	17
NORWICH. Jenny Lind Hospital ..	54	42	308	11	13	18
Total ...	443	316	3364	60	82	132

Of the 82 children shown in the above Table as discharged from the speech clinics for other reasons, most of them were cases where the parents were unco-operative or there was difficulty in obtaining transport to and from the clinics.

PUPILS SUFFERING FROM DISABILITY OF THE MIND.

43 cases were reported to the local authority under Section 57(3) or (5) of the Education Act, 1944.

	1948.		1949.	
	Male.	Female.	Male.	Female.
No. of children found incapable of receiving education in school. (Sec. 57(3) Education Act, 1944)	14	9	5	13
No. of children found to require supervision on leaving school (Sec. 57 (5) Education Act, 1944)	6	10	14	11
TOTAL	20	19	19	24
	39		43	

HEART CLINICS.

These were held weekly throughout the year at the Jenny Lind Hospital by the heart specialist, Dr. W. A. Oliver. As from 4th August, the Regional Hospital Board assumed responsibility for the payment of the consultant's fees, but the general administrative arrangements regarding appointments for children and action consequent upon the heart specialist's advice were carried out under the school health service.

There was very little variation in the number of pupils dealt with at the heart clinic during 1948 as compared with the previous year, the figures for the latter being given in brackets.

No. of clinics held	...	...	43	(47)
No. of examinations made	...	...	233	(210)
No. of new cases	...	...	44	(83)
No. advised special educational treatment	...	...	8	(19)

VII. PHYSICAL EDUCATION.

The Organisers report as follows:—

1. General.

Progress has been made throughout the year in many directions, particularly in the all-round work of the Secondary Schools and also in the development of swimming and athletics in all types of Primary Schools. Changes and shortage of staff have, however, been a real handicap, and the lack of good facilities for physical education in the majority of schools becomes more apparent as the standard of work improves where accommodation is more adequate.

2. Primary Schools.

(a) SCHOOL VISITS.

Advisory visits continued regularly throughout the year, and it has been encouraging to note the improvement in the work in the many schools where teachers have taken the opportunity of attending Refereshers Courses and Teachers' Meetings. The attitude of senior children to the use of the newly provided clothing for physical education has steadily improved with resulting benefit to the general standard of the work.

(b) ACCOMMODATION AND EQUIPMENT.

The continuation of the increased requisition allowance, the further provision of single agility apparatus, the hiring of additional accommodation in village halls, the generous loaning of field accommodation and, finally, the establishment of the playing field maintenance scheme, have all contributed to the development of Physical Education in the Primary Schools, where facilities are far from ideal for the work. The enthusiasm shown by many of the teachers working under great difficulties is most commendable, and the good weather conditions throughout most of the year enabled more outdoor work than usual to be achieved.

3. Secondary Modern and Grammar Schools.

(a) GYMNASTICS.

The general standard of gymnastics continues to improve, and it is encouraging to find the modern educational approach permeating the physical education lessons in many of the Secondary Schools. The Inter-form Gymnastic Competition has become a regular feature in a large number of schools, and provides not only an incentive to the able performers, but stimulates interest in those less gifted in this particular sphere.

(b) GAMES AND ATHLETICS.

Inter-school events continue to prove successful and stimulating, and much out-of-school time has been devoted to such meetings. The provision of grants towards travelling expenses has materially assisted the development of this side of the work. Too much stress cannot, however, be laid upon the importance of the general training for all children in the normal games lessons, the organisation of which should provide equal opportunities for all.

The Inter-Schools' Girls' Netball and Rounders Tournaments were again held at four Centres with 306 and 450 girls taking part respectively.

(c) SCHOOL CAMPS.

For the fourth year in succession, two School Camps were held at the Holt Hall Camping Site, when two hundred boys and girls each spent a fortnight under canvas. This experience of outdoor activities and community living has been appreciated by all concerned.

4. Swimming.

The only swimming facilities available in the County were at Hunstanton, King's Lynn, Thetford, Watton and Wymondham. Through the kindness of the Great Yarmouth Corporation and Education Committee, however, it was

possible, for the first time, for six County Schools to send a limited number of children to the Great Yarmouth Swimming Pool. One school near Norwich was also granted permission to use the Eagle Swimming Pool once a week.

A total of 48 schools took part in the Swimming Scheme this season, and 3,562 children received instruction. The County Swimming Tests which were inaugurated in 1948, were awarded to 559 children who were successful in the three tests (249 Beginners: 283 Distances: 27 Proficiency).

5. Dancing.

Interest in this branch of Physical Education has been well maintained and a greater number of schools include dancing in the weekly programme.

Dance Festivals for girls from the Secondary Modern, Grammar and Area Schools were again held at four Centres, with 800 girls, representing 25 schools, taking part. A new feature this year has been the Dance Festival for the senior girls (16—18 years) attending the Grammar Schools—6 of the possible 7 schools took part, with 152 girls attending. The standard of work achieved in all the Secondary Schools is very encouraging.

A further series of small festivals for Primary School children was again arranged at 16 Centres, when 1,527 children from 115 schools were present.

The Annual Festival organised by the English Folk Dance and Song Society was attended by several County Schools with very creditable results.

6. Norfolk County Schools' Athletic Association.

860 competitors, representing 307 schools in 23 districts, took part in the Tenth Annual Inter-District Sports at Boundary Park, Norwich.

The trophies were presented by the Chairman of the Education Committee, Mr. S. Peel, as follows:—

FERMOY TROPHY ...	...	Fakenham District.
COLMAN TROPHY ...	...	Hingham & Watton District.
MOORE TROPHY ...	...	Sheringham & Cromer District.
SCHOOLS' TROPHY ...	...	Wensum Valley District.

At the Quadranglar Sports, between teams from the County, Great Yarmouth, Norwich and King's Lynn, 19 County Championships were won by the children of Norfolk, 7 of whom were elected to take part in the All-England Meeting at Carshalton.

7. Training of Teachers.

(a) Two Residential Week-end Courses for Women Teachers in the Secondary Modern and Grammar Schools were attended by 20, and 24 staff, respectively, and 24 women teachers in Primary Schools were present at the Week's Residential Course held at Old Buckenham in August.

(b) Teachers' Meetings in preparation for the Primary Schools Dance Festivals were held in the spring and autumn at 16 Centres, with 249 and 220 teachers, respectively, in attendance.

(c) To give assistance to teachers responsible for swimming instruction, meetings were held at King's Lynn and Hunstanton. Film exhibitions and demonstrations of land drill were arranged, and some 45 teachers were present.

(d) Teachers' Meetings with demonstrations of children's work which were arranged at 12 Centres, were attended by 323 teachers.

(e) Two Short Courses, each of three meetings, were arranged in co-operation with the Norfolk County Football Association, and 48 teachers attended.

(f) In co-operation with the Amateur Athletic Association, Teachers' Meetings were held in King's Lynn and Norwich, and were attended by 185 teachers.

(g) Two Teachers attended National Courses in Physical Education during the summer vacation.

8. Physical Recreation with Adolescents and Adults.

(a) CLASSES.

It is interesting to note that of the 691 Further Education Classes organised during 1949, 221 were classes providing some form of Physical Recreation at 102 different Centres. Folk, Ballroom and Old Time Dancing formed the programme of 50% of these classes, whilst various forms of physical recreation, including keep-fit exercises, gymnastics, boxing, swimming, athletics and games training, were included in the programmes of the remaining 50%.

(b) TRAINING OF ADULTS.

The two Training Courses for Adult Leaders of Folk Dancing and Ballroom Dancing run in co-operation with the Norwich Education Committee, continued during the spring and were attended by some 60 members. A similar small Ballroom Dancing Course for 12 men and women members was organised in King's Lynn in conjunction with the Central Council of Physical Recreation.

A Week-end Course was attended by 17 women leaders of girls' Keep-Fit Classes, and at two one-day sessions some 29 women leaders were present.

(c) ACTIVITIES WITH YOUNG PEOPLE.

A Girls' Physical Recreation Rally was held in Norwich in May, the programme including massed Keep-Fit Exercises, Games and Dancing. Some 98 girls from Youth Organisations in East Norfolk took part.

At the Girls' Folk Dance Party held in Norwich in December, 200 girls with the leaders of their Youth Organisations, were present. The programme of National, Folk and Old Time dances were well known and greatly enjoyed.

Help was also given, as on previous occasions, with the Residential Course at Stalham, with various competitions, rallies, etc., organised by the Voluntary Associations.

9. Conclusion.

It is encouraging to report maintained interest and steady work in so many spheres. Physical Education has, however, very many aspects, and there are ever widening developments taking place in both the content of the work and the method of presentation. It is hoped, therefore, that a greater number of teachers will avail themselves of the opportunities provided at both National and Local Training Courses to keep abreast of modern developments in this important field of Health Education.

M. W. SEGGER.
JAS. WILKINSON.

VIII. ORTHOPÆDIC TREATMENT SCHEME.

Although responsibility for the treatment of orthopædic cases had passed to the Regional Hospital Board on the 5th July, 1948, as the division of responsibility between the County Council and the Board had not been decided, the Council continued to undertake the entire administration of the scheme.

The number of physiotherapists employed during the year varied, as there were several changes of staff. Generally speaking, however, there were three full-time and one part-time physiotherapists employed during most of the year. The scheme for treatment of cerebral palsy cases has been extended and Miss M. H. Wyer attended a six weeks' course at the Cerebral Palsy Research Unit, Queen Mary's Hospital, Carshalton Beeches, Surrey, in March and April. Children needing advice are sent periodically to the Advice Clinic at Lambeth Hospital and any treatment recommended is carried out regularly at the patient's homes or at clinics by the physiotherapists.

Orthopædic Treatment.	
No. on register	
1/1/1949 ...	3,065
No. added to register:—	
New cases ...	969
Former pre-school children ...	143
	1,112
	4,177
No. transferred to adult register ...	107
No. removed for other reasons ...	603
	710
No. on register	
31/12/1949 ...	3,467

Classification of defects dealt with under the Orthopædic Scheme.

(a) CONGENITAL DEFORMITIES.

Arms	...	...	...	...	...	4
Feet	...	...	...	...	...	72
Hands	...	...	...	...	...	5
Hip	...	...	...	...	...	25
Legs	...	...	...	...	...	5
Toes	...	...	...	...	...	7
Others	...	...	...	...	...	4

(b) OTHER DEFORMITIES OF LEGS AND FEET.

Bow legs	...	...	...	...	...	77
Claw feet	...	...	...	...	...	76
Flat feet and valgus ankles	...	...	...	...	...	1189
Knock knees	...	...	...	...	...	901
Hallux valgus	...	...	...	...	...	92
Hammer toes	...	...	...	...	...	21
Pigeon toes	...	...	...	...	...	63
Other toe deformities	...	...	...	...	...	55

(c) PARALYSIS.

Erb's paralysis	...	...	...	...	...	4
Anterior poliomyelitis	...	...	...	...	...	62
Muscular dystrophy and atrophy	...	...	...	...	...	5
Spastic paralysis	...	...	...	...	...	51
Other paralysis	...	...	...	...	...	5

(d) OTHER CONDITIONS.

Amputations	...	...	...	...	7
Arthritis	...	...	...	...	11
Chest deformities	...	...	...	...	92
Hip disease (not congenital)	...	...	...	...	14
Multiple deformities	...	...	...	...	5
Old injuries	...	...	...	...	28
Osteomyelitis	...	...	...	...	21
Posture	...	...	...	...	151
Rickets	...	...	...	...	8
Round shoulders	...	...	...	...	72
Spina bifida	...	...	...	...	6
Spinal deformities	...	...	...	...	231
Wry neck	...	...	...	...	59
Miscellaneous	...	...	...	...	39
TOTAL					3467

Orthopaedic Surgeon's Clinics.

The following statement gives the number of clinics held and the number of patients examined and re-examined during the year:—

Name of clinic	No. of clinics	New patients seen	No. of re-exams.	Total exams. & re-exams.
Jenny Lind Hospital ...	27	213	530	743
Norfolk & Norwich Hospital ...	24			
*King's Lynn ...	11			
	62			

* Transferred from Infant Welfare Centre to West Norfolk and King's Lynn General Hospital in June.

Physiotherapy.

The following table shows the work carried out during the year by the physiotherapists, both at their clinics and home visiting. Details of the physiotherapists' clinics are included in the general list on pages 30-33.

No. of sessions at 26 clinics	...	...	406	No. of examinations at clinics	...	...	2,819
No. of visits to schools	...	...	92	No. of children examined	...	...	930
No. of domiciliary examinations				...	...	...	1,273
							5,022

Hospital treatment and supply of surgical appliances.

Children needing hospital in-patient treatment are sent to either the Norfolk and Norwich Hospital or the Jenny Lind Hospital, Norwich. The following statistics give the work carried out during the year:—

No. in hospital at 1/1/49	...	...	...	11
No. admitted during the year	...	...	...	92
No. discharged during the year	...	...	...	90
No. remaining in hospital at 31/12/49	...	...	...	13
Total no. of in-patient days	...	...	...	5,926
No. of minor operations as out-patients	...	...	...	43

Surgical appliances are ordered through approved suppliers under the National Health Service scheme, and 327 were ordered during the year.

Treatment discontinued.

The following statement gives the reasons why the names of 603 patients were taken off the register during the year:—

Cured	...	...	...	...	129
Much improved—no further treatment necessary	...	...	...	...	141
No treatment necessary	...	...	...	...	151
Left school—further treatment not practicable	...	...	...	...	39
Further treatment would not benefit	...	...	...	...	2
Treatment refused by parents or guardians	...	...	...	...	61
Removed from the County—cases transferred	...	...	...	...	47
Transferred to private treatment by request	...	...	...	...	7
Deceased	...	...	...	...	3
Present address unknown	...	...	...	...	23
					603

IX. INFECTIOUS DISEASES.

The table given below shows that there was some increase in the number of schools closed on account of infectious disease. This was largely due to the increased incidence of influenzal coughs and colds. No other infectious disease assumed real epidemic proportions.

Name of disease	No. of closures		No. of school days closed	
	1948.	1949.	1948.	1949.
Anterior poliomyelitis	—	3	—	43
Scarlet fever	4	4	19½	18
Dysentery	—	1	—	6
Measles	15	6	114½	53
Influenzal coughs and colds	31	61	125½	251½
Chickenpox	1	—	12	—
TOTALS	51	75	271½	371½

Considerable attention has been paid to the discovery and treatment of potential carriers of scarlet fever. When a case of scarlet fever has occurred, whole classes or whole schools have been swabbed and those children whose nose, throat or aural swabs show profuse growth of haemolytic streptococci of the scarlet fever group are excluded from school. Treatment is either carried out by the family doctor or with his consent by the health visitor, children with infected throats being given a three day course of penicillin chewing gum and those with nasal infection undergoing insufflation with streptocide powder for five days. Swabbing is repeated 72 hours after the cessation of either course of treatment. In spite of treatment, swabs taken from children give occasional persistent positive results. There may be some underlying pathological condition in these instances and freedom from infection is sometimes obtained by the removal of tonsils and adenoids.

It is difficult to say at present whether this course of action has been effective. Only a review of the incidence of actual cases of scarlet fever over a period of several years would give evidence of a decline in one more of the infectious diseases to which school children have been liable.

The general system of notification by head teachers to assistant school medical officers continues and appears to work very well.

Dr. J. Hamilton, assistant school medical officer, Area No. 9 (King's Lynn M.B. and Freebridge Lynn R.D.) reports as follows:—

“INFECTIVE HEPATITIS.

Occurred in epidemic form in Castleacre from May, 1949, to December, 1949. The first cases reported were those of a school master and a school girl, both notified on 16th May, 1949. Most cases (6) occurred in the month of September. The usual time for outbreaks has been reported to have been in the autumn and winter. A case investigation was carried out, without any more positive results than the conclusions that the disease probably originated in the school; the school was the main means of distribution, and the infection was kept alive by the long dry spell assisting its propagation by means of contamination of persons or articles, through lack of facilities for personal hygiene. Infection by droplet spray could be dismissed in the majority, if not all, of the cases. “Colds” were rare—there were no histories of them—and enough opportunity for all infected to ‘pick-up’ infection from contacts with others, or fomites during the waking hours. There is no water-borne sewage system in the village. All living premises have pail latrines, cleared, at the most, once a week and easily fouled. Only two of the 13 houses concerned had a pipe-borne water supply. The others depended on near-dry, heavily contaminated, wells. 11 cases were school children. The school was overcrowded. There were 2 basins and a couple of towels for the children’s hand-washing.

In November-December, 1949, there were 6 cases of jaundice at Leziate among the children of a family which had recently moved from Castleacre and their infection probably came from Castleacre School.”

Dr. J. C. Johnston, assistant school medical officer, Area No. 8 (Hunstanton U.D., Wells U.D., Walsingham R.D. and Docking R.D.), reports as follows:—

“SCARLET FEVER.

As you are aware (subsequent to a meeting attended by you and myself at Cambridge) we have in this area been experimenting with a pro-

cedure for the control of this disease slightly different from that in operation throughout the remainder of the county. The procedure is that the swabbing of all children in a school is carried out when 2 cases of scarlet fever have been notified and not after the first case. From this, all children with positive nasal swabs are insufflated with streptocide at the school and are not excluded; children with positive throat swabs are likewise allowed to remain at school and treated with penicillin chewing gum. The only children to be actually excluded are cases, and home contacts. My impression is that this scheme has reduced figures of scarlet fever in schools, but I have no figures to corroborate this. Only in one school did this not appear to be successful, namely Holkham."

X. SANITARY SURVEY OF SCHOOLS.

The problem of sanitary defects at the older schools is, of course, an extremely difficult one to deal with and from time to time district medical officers of health and district sanitary inspectors have made reports on the subject, in some instances direct to their district councils and in others to this department. Under such conditions, with different officers inspecting, it is inevitable that varying standards should be adopted and since this is most undesirable both from the Education Committee's point of view, who will have to consider what action, if any, they are able to take on such reports, and from the point of view of the schools themselves, an attempt has been made to co-ordinate this work. As a result the department has commenced a complete survey of the sanitary conditions at schools and this is being done in conjunction and in consultation with the appropriate public health officers of the district councils and, of course, in conjunction with the education department.

The survey is being conducted in selected areas and since a commencement was made in February, 92 schools have been inspected and detailed reports have been submitted. The district medical officers of health and district sanitary inspectors have been most helpful and I feel that in addition to providing the most useful information, the survey will go a long way towards preventing isolated and often unrelated recommendations from district council officers. The matter is referred to in greater detail in the section "Sanitary circumstances of the area" contained in my annual report as County Medical Officer.

XI. REMAND HOMES.

Medical supervision has been continued at the boys' and girls' remand homes at Bramerton, near Norwich, which are maintained by the Education Committee. Children and young persons are admitted from the areas of several other authorities.

A local general practitioner attends at the homes in cases of sickness. Arrangements are made for one of the authority's medical officers to examine children on admission and discharge and, in addition, those cases in which a special physical or mental examination is necessary. In special cases, reports are submitted to the clerks to the justices for the guidance of the magistrates.

In the year under review, 20 children were examined by the consultant psychiatrist.

No cases of infectious disease occurred in either home during the year.

SCHOOL HEALTH SERVICE

DETAILS OF CLINICS HELD DURING 1949

Name and address of clinic	Type of treatment provided	Frequency of session
ALDBOROUGH.		
Church Room	Orth. P.	As required.
ATTLEBOROUGH.		
St. John's Church Room	Orth. P.	As required.
AYLSHAM.		
Ian Sears Clinic	D. M.A. Orth. P.	Two sessions weekly. One session fortnightly. As required.
BROOKE.		
C.P. School	‡D.	Two sessions monthly.
OLD BUCKENHAM.		
C.P. School	D. M.A.	Two sessions fortnightly. One session weekly.
CAISTER.		
C.P. (Infants) School ...	Orth. P.	As required.
COSTESSEY.		
Church Hall	Orth. P.	As required.
CROMER.		
Out-Patients' Department, General Hospital ...	Orth. P.	One session weekly.
EAST DEREHAM.		
Secondary Modern School, Crown Road	D. M.A. S.	Two sessions weekly. One session weekly. Two sessions weekly.
Trinity Church Rooms ...	Orth. P.	One session monthly.
DISS.		
C.P. School, Victoria Road	D. *M.A. Orth. P.	Two sessions fortnightly. One session fortnightly. As required.
DOWNHAM MARKET.		
C.P. School	D. *M.A. Orth. P. S.	Two sessions weekly. One session fortnightly. As required. Two sessions weekly.
FAKENHAM.		
Secondary Modern School	D. M.A. Orth. P. S.	Two sessions weekly. One session fortnightly. One session fortnightly. One session weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
FLEGGBURGH. V.P. School	*D.	Two sessions monthly.
HARLESTON. Magistrates' Room ...	*Orth. P.	As required.
HEACHAM. C.P. School Memorial Hall	†*D. Orth. P.	Two sessions fortnightly. As required.
HELLESDON. Secondary Modern School, Middleton's Lane ...	D. *M.A.	Four sessions weekly. One session fortnightly.
HOLT. Red Cross Rooms, Norwich Road ...	Orth. P. S.	As required. One session weekly.
NEW HUNSTANTON. C.P. School	†D. M.A.	Two sessions fortnightly. One session fortnightly.
KING'S LYNN. Infant Welfare Centre, St. James' Park ...	C.G. Orth. P.	One session monthly. Three sessions weekly plus one additional session fortnightly.
St. James' (Boys) School Stanley Buildings ...	S. D. M.A. S.	Three sessions weekly. Four sessions weekly. One session daily. One session weekly.
West Norfolk & King's Lynn Hospital ...	§Orth. S. Ophth.	One session monthly. One session weekly.
LITCHAM. C.P. School	D. *M.A.	Two sessions monthly. One session fortnightly.
METHWOLD. St. George's Hall ...	Orth. P.	As required.
NORWICH. Eye Specialists' Private Consulting Rooms ...	Ophth.	Two sessions weekly. Two sessions fortnightly. One session monthly.
Jenny Lind Hospital, Unthank Road ...	H. Orth. S. S.	One session weekly. One session fortnightly. Three sessions weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
NORWICH— <i>continued</i> .		
Norfolk & Norwich Hospital 31, Thorpe Road ...	Orth. S. C.G. D. Orth. P. S. S.	One session fortnightly. One session weekly. One session weekly. Two sessions weekly. Two sessions weekly. One session weekly.
Y.M.C.A., St. Giles Street		
REEPHAM.		
Bircham Institute ...	Orth. P.	As required.
SHERINGHAM.		
C. P. School	D. *M.A.	Four sessions weekly. One session fortnightly.
SPROWSTON.		
Secondary Modern School Recreation Ground Road	D. *M.A.	Four sessions weekly. One session fortnightly.
STALHAM.		
Secondary Modern School	D. *M.A. Orth. P.	Two sessions weekly. One session fortnightly. As required.
SWAFFHAM.		
Baptist School Room ... Girls' and Infants' School	Orth. P. *D.	As required. Two sessions monthly.
TERRINGTON ST. CLEMENT.		
C. P. Junior School ...	M.A. Orth. P.	One session weekly. As required.
THETFORD.		
C. P. School	D. *M.A. Orth. P. S.	Two sessions fortnightly. One session weekly. As required. Two sessions weekly.
THORPE.		
C. P. School, Hillside Ave.	D. *M.A.	Two sessions weekly. One session weekly.
UPWELL.		
Secondary Modern School	D. *M.A. Orth. P.	Two sessions monthly. One session fortnightly. As required.
NORTH WALSHAM.		
Secondary Modern School	D. M.A. Orth. P.	Four sessions weekly. One session weekly. As required.
WATTON.		
C. P. School	D. *M.A. Orth. P.	Two sessions fortnightly. One session fortnightly. As required.

Name and address of clinic	Type of treatment provided	Frequency of session
WELLS-NEXT-SEA.		
C. P. School	D. M.A. Orth. P.	Two sessions fortnightly. One session weekly. As required.
WYMONDHAM.		
C. P. School	M.A.	One session weekly.
Secondary Modern School	D. M.A. Orth. P.	Two sessions fortnightly. One session weekly. As required.
GT. YARMOUTH.		
County Borough Ophthalmic Clinic	*Ophth.	One session weekly.

KEY

C.G.	...	Child Guidance.
D.	...	Dental.
H.	...	Heart.
M.A.	...	Minor Ailments.
Ophth.	...	Ophthalmic.
Orth.P.	...	Orthopædic Physiotherapist.
Orth.S.	...	Orthopædic Surgeon.
S.	...	Speech Training.

* New Clinics opened in 1949.

† Discontinued in November.

‡ Dental Clinic at Hunstanton transferred to Heacham in the Autumn.

§ Transferred from Infant Welfare Centre in June.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1949

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	5,742
Second Age Group	4,082
Third Age Group	3,299
TOTAL	13,123
Number of other Periodic Inspections	4,882
GRAND TOTAL	18,005

B.—Other Inspections.

Number of Special Inspections	823
Number of Re-Inspections	10,639
TOTAL	11,462

C.—Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	94	1,006	1,034
Second Age Group	277	480	717
Third Age Group	205	280	457
Total (prescribed groups)	576	1,766	2,208
Other Periodic Inspections ...	314	594	857
Grand Total ...	890	2,360	3,065

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1949.**

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	63	122	10	4
5	Eyes—				
	(a) Vision	890	356	146	13
	(b) Squint	139	67	11	3
	(c) Other	62	62	8	6
6	Ears—				
	(a) Hearing	49	59	4	6
	(b) Otitis Media	47	77	4	8
	(c) Other	16	33	1	6
7	Nose or Throat	601	1,266	86	37
8	Speech	76	122	22	5
9	Cervical Glands	109	1,081	12	29
10	Heart and Circulation	73	147	8	4
11	Lungs	95	274	14	13
12	Developmental—				
	(a) Hernia	32	36	—	2
	(b) Other	47	134	3	5
13	Orthopædic—				
	(a) Posture	155	76	5	1
	(b) Flat Foot	228	82	21	1
	(c) Other	651	320	54	10
14	Nervous System—				
	(a) Epilepsy	6	23	3	1
	(b) Other	15	119	4	6
15	Psychological—				
	(a) Development	101	102	8	5
	(b) Stability	30	118	5	4
16	Other	168	203	24	22

**B.—Classification of the general condition of Pupils inspected during the year
in the Age Groups.**

Age Groups	No. of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	5742	1788	31.14	3558	61.96	396	6.90
Second Age Group	4082	1413	34.62	2353	57.64	316	7.74
Third Age Group	3299	1380	41.83	1772	53.71	147	4.46
Other Periodic Inspections ...	4882	1477	30.25	2891	59.22	514	10.53
Total ...	18005	6058	33.65	10574	58.73	1373	7.62

TABLE III.
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons ...	332,075
(ii)	Total number of individual pupils found to be infested ...	946
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	—

TABLE IV.

TREATMENT TABLES.

Group I.—Minor Ailments (Excluding Uncleanliness, for which see Table III).

					No. of Defects Treated or under Treatment during the Year.
(a)					
SKIN—					
Ringworm—Scalp—					
(i) X-Ray treatment	...	...	...	...	17
(ii) Other treatment	...	...	...	...	31
Ringworm—Body	...	...	...	...	84
Scabies	...	...	...	...	93
Impetigo	...	...	...	...	464
Other skin diseases	...	...	...	...	930
EYE DISEASE	...	...	...	...	536
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)					
EAR DEFECTS					198
MISCELLANEOUS	...	...	...	...	5,609
(e.g. minor injuries, bruises, sores, chilblains, etc.)					
Total					7,962

(b) Total number of attendances at Authority's minor ailments clinics 10,869

Group II.—Defective vision and squint (Excluding Eye Disease Treated as Minor Ailments—Group I).

					No. of Defects Dealt With.
ERRORS OF REFRACTION (including squint)	...	...	...	...	1,444
Other defect or disease of the eyes (excluding those recorded in Group I)	...	...	...	...	49
Total					1,493

No. of pupils for whom spectacles were

(a) Prescribed 1,149
(b) Obtained *

* Figures not available.

Group III.—Treatment of Defects of Nose and Throat.

	Total No. Treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ...	*
(b) for other nose and throat conditions ...	*
Received other forms of treatment ...	*
	<hr/>
Total ...	*
	<hr/>

* Figures not available.

Group IV.—Orthopædic and Postural Defects.

(a) No. treated as in-patients in hospitals or hospital schools ...	103
(b) No. treated otherwise, e.g. in clinics or out-patient departments ...	3,546

Group V.—Child Guidance Treatment and Speech Therapy.

No. of pupils treated—	
(a) under Child Guidance arrangements ...	378
(b) under Speech Therapy arrangements ...	297

TABLE V.

DENTAL INSPECTION AND TREATMENT.

1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups ...	20,580
(b) Specials ...	739
	<hr/>
(c) Total (Periodic and Specials) ..	21,319
	<hr/>
2. Number found to require treatment ...	13,047
3. Number actually treated ...	10,376
4. Attendances made by pupils for treatment ...	13,995
5. Half-days devoted to:—	
(a) Inspection ...	434
(b) Treatment ...	1,998
	<hr/>
Total (a) and (b) ...	2,432
	<hr/>

DENTAL INSPECTION AND TREATMENT (*Continued*)

6. Fillings:—

Permanent Teeth	...	...	...	..	...	5,378
Temporary Teeth	...	...	...	...	...	220
						<hr/>
Total	...	...	...	...	...	5,598
						<hr/>

7. Extractions:—

Permanent Teeth	...	..	...	..	...	1,512
Temporary Teeth	...	..	...	..	...	13,155
						<hr/>
Total	...	...	...	..	...	14,667
						<hr/>

8. Administration of general anæsthetics for extraction ... 919

9. Other Operations:—

(a) Permanent Teeth	...	...	...	...	4,058
(b) Temporary Teeth	...	...	...	...	2,829
					<hr/>
Total (a) and (b)	...	...	..	...	6,887
					<hr/>

